Washington Rural Health Quality Network Field Test

ER Trauma Tool

Provider Name: _____ **Provider Medicare #:** _____

Patient's First Name: _____ **Patient's Last Name:** _____

ICD-9-CM Principal Diagnosis Code: ___ ___ ___ . ___ ___

*(If the selected code is not listed in the TRAUMA Data Abstraction Definitions, **STOP ABSTRACTION.**)*

ICD-9-CM Other Diagnosis Code

___ ___ ___ . ___ ___ ___ ___ ___ . ___ ___ ___ ___ ___ . ___ ___

___ ___ ___ . ___ ___ ___ ___ ___ . ___ ___ ___ ___ ___ . ___ ___

___ ___ ___ . ___ ___ ___ ___ ___ . ___ ___

DOB: __ __ / __ __ / __ __ __ __

Sex: _____ Male _____ Female

Zip Code: _____

Medical Record #: _____

Social Security #: _____

Medicare/HIC #: _____

Race: (*Select one)*

_____ Black or African American
_____ American Indian/Alaska Native
_____ Asian
_____ White
_____ Native Hawaiian/Pacific Islander
_____ UTD

Hispanic Ethnicity:

_____ Yes
_____ No/UTD

Payment Source: (*Select all that apply)*

_____ Medicare
_____ Medicaid
_____ Other (e.g., Veteran Administration (VA), CHAMPUS, Workers' Compensation, or private insurance)
_____ No insurance/Not documented/UTD

Admission Source
(Select one option)

_____1 = Physician referral
_____2 = Clinic referral
_____3 = HMO referral
_____4 = Transfer from a hospital **STOP ABSTRACTION**
_____5 = Transfer from skilled nursing facility
_____6 = Transfer from another health care facility
_____8 = Court/law enforcement
_____9 = Information not available
_____A = Transfer from a critical access hospital **STOP ABSTRACTION**
_____B = From home

Did the Patient arrive by ambulance?
_____ Yes
_____ No

Arrival date: __ __ / __ __ / __ __ __ __ **Arrival time:** __ __ __ __ (military time)

Discharge date: __ __ / __ __ / __ __ __ __ **Discharge time:** __ __ __ __ (military time)

Discharge Status
(Select one option)

____01 = Discharged to home care or self care (routine discharge)
____02 = Discharged/transferred to another short term general hospital for inpatient care
____03 = Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification
____04 = Discharged/transferred to an intermediate care facility (ICF)
____05 = Discharged/transferred to another type of institution for inpatient care
____06 = Discharged/transferred to home under the care of organized home health service organization
____07 = Left against medical advice or discontinued care
____08 = Discharged/transferred to home under care of home IV provider
____09 = Admitted as an inpatient to this hospital
____20 = Expired
____41 = Hospice patients who expired in a medical facility such as hospital, SNF, ICF or freestanding hospice
____43 = Discharged/transferred to a federal health care facility
____50 = Hospice – home
____51 = Hospice - medical facility
____61 = Discharged/transferred within this institution to hospital-based Medicare approved swing bed
____62 = Discharged/transferred to an inpatient certified rehabilitation facility (IRF) including rehabilitation distinct units of a hospital
____63 = Discharged/transferred to a Medicare certified long term care hospital (LTCH)
____64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
____65 = Discharged/transferred to a psychiatric hospital or psychiatric distinct unit of a hospital

ER Trauma Tool

VITAL SIGNS

Was blood pressure, pulse rate, respiratory rate and time taken documented on arrival to the ER and through the first 4 hours or until the patient is admitted, discharged, expired or transferred? Enter time in military format.

If additional fields are needed please record on the back of this form.

	Time	Blood Pressure	Pulse Rate	Respiratory Rate
Initial	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____
	__ __ : __ __	Yes____ No ____	Yes____ No ____	Yes____ No ____